

Certification of Requisite Filing under the Debt Adjustment Act

Name of company: _____

Contact person: _____

Street address: _____

Mailing address, if different: _____

Phone number: _____

Fax number: _____

E-mail address: _____

I certify that I have attached the following documents and that they are in compliance with
O.C.G.A. Section 18-5-1 et seq.:

☐ *Annual audit report for the period* _____:

☐ Prepared by third-party certified public accountant

☐ Issued on _____ [date]

☐ *Proof of insurance coverage showing that policy:*

☐ Covers employee dishonesty

☐ Covers depositor's forgery

☐ Covers computer fraud

☐ Limits are not less than the greater of over \$100,000 or 10% of monthly average of aggregate deposit of all debtors for immediately preceding 6 months

☐ Was issued by a company rated at least "A-" or its equivalent by a nationally-recognized rating organization

☐ Provides for 30-day advance written termination notice to the Governor's Office of Consumer Affairs

Signature

Sworn to and subscribed before me, this

_____ day of _____, 200__.

NOTARY PUBLIC